

Corporate Services Department
Human Resources Division

P.O. Box 3235, Pietermaritzburg, 3200
242 Longmarket Street, Pietermaritzburg, 3201
Tel: 033 - 8976701
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APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

I hereby apply for:

Vacancy: _____

Department: _____ Salary Level: _____

1. PERSONAL

Surname: _____

Name(s): _____

Identity Number: _____

Residential/ Postal Address: _____

Telephone No: Work: _____ Home _____

Cellular: _____

2. QUALIFICATIONS

Last School Attended: _____ Std Passed: _____

University / Technikon or College:

Degree/ Diploma:

Other professional qualifications (attach copies):

Trade qualifications (if applicable): _____

Typing: _____ w.p.m. (if applicable). Computer Literate: Yes / No

Do you hold a valid vehicle driver's licence: Yes / No. Code: _____

Detail any other course of study or training: _____

3. Detail your qualifications and experience for the above position as concisely as possible. If necessary, attach a separate statement:

4. Proficiency in languages (state whether good / fair / poor / nil):

Language	Speak	Read	Write
English			
Afrikaans			
Zulu			
Other (specify)			

5. PREVIOUS EMPLOYMENT DETAILS

- A. Present department if already employed by the Council: _____

Date entered service: _____

Length of unbroken service: _____

Present position: _____

Existing basic rate of pay: R_____ Post level: _____

- B. Present employer if not employed by Council: _____

From: _____ Position held: _____

Present basic salary: R_____ Allowances: R_____

Period of notice required by your present employer: _____

- C. If previously employed by the Council: Dept: _____

From: _____ to _____

D. Details of previous positions held:

Employer	Position	From	To	Reason for leaving
1.				
2.				
3.				
4.				
5.				

6. Give names, addresses and telephone numbers of at least two referees:

Name	Address	Occupation	Work No	Home No
1.				
2.				

7. Name and address of relative not staying with you:

Name	Address
1.	
2.	

8. Names of pension funds contributed to in last 12 months:

9. GENERAL

If disabled, please give details of the disability: _____

I certify that the answers to the questions set above, are correct in every detail. I understand and accept that any incorrectness in any of the details supplied, will render me, if appointed, liable to the instant termination of my appointment and consequent dismissal without notice, irrespective of any conditions of service of employment.

Signature _____

Date _____